

## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	815223499	Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	FRIENDS OF Andre Horton								
Street Address	PO. Box 6133								
City	ERIE		State	PA		Zip Code	16512-6133		

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)	11-07		Year	2017		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only  2017 OCT 27 PM 2:18 ERIE COUNTY VOTER REGISTRATION KS
A. Amount Brought Forward From Last Report	6-6-2017	10-27-2017	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	4,124.17	
C. Total Funds Available (Sum of Lines A and B)	\$	449.00	
D. Total Expenditures (From Schedule III)	\$	4573.17	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1,729.13	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	2,844.04	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

## Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on pages, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 25 day of October 2017

Signature: Sonia Wilt

My Commission expires 4-3-19 MO. DAY YR.

Signature of Person Submitting report: Deborah Johnson

Printed Name: Deborah Johnson

Area Code: 814 Daytime Telephone Number: 460-0774

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this 27 day of October 2017

Signature: Sonia Wilt

My Commission expires 4-3-19 MO. DAY YR.

Signature of Candidate: Andre R. Horton

Printed Name: ANDRE R. HORTON

Area Code: (814) Daytime Telephone Number: 572-1230

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

Filer Identification Number		815 2234 99	
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period		(1)	\$ 349.00
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)			\$ 0
All Other Contributions (Part B)			\$ 100.00
Total for the reporting period		(2)	\$ 100.00
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)			\$ 0
All Other Contributions (Part D)			\$ 0
Total for the reporting period		(3)	\$ 0
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period		(4)	\$ 0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)			\$ 449.00

PART A

**Contributions Received From Political Committees**

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number		815223499									
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Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	Amount
House #										Date [MM/DD/YYYY]	\$	0
Street Address												
City										Date [MM/DD/YYYY]	\$	0
State												
Zip Code												
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	0
House #										Date [MM/DD/YYYY]	\$	0
Street Address												
City										Date [MM/DD/YYYY]	\$	0
State												
Zip Code												
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	0
House #										Date [MM/DD/YYYY]	\$	0
Street Address												
City										Date [MM/DD/YYYY]	\$	0
State												
Zip Code												
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	0
House #										Date [MM/DD/YYYY]	\$	0
Street Address												
City										Date [MM/DD/YYYY]	\$	0
State												
Zip Code												
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	0
House #										Date [MM/DD/YYYY]	\$	0
Street Address												
City										Date [MM/DD/YYYY]	\$	0
State												
Zip Code												
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	0
House #										Date [MM/DD/YYYY]	\$	0
Street Address												
City										Date [MM/DD/YYYY]	\$	0
State												
Zip Code												
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	0
House #										Date [MM/DD/YYYY]	\$	0
Street Address												
City										Date [MM/DD/YYYY]	\$	0
State												
Zip Code												

PART B  
All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from  
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	815 223 499
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Full Name of Contributor		Date [MM/DD/YYYY]		\$	
ERIE AFL-CIO C.O.P.E. FUND		10-17-2017		\$	100.00
House #	Street Address	Date [MM/DD/YYYY]		\$	
1761	STATE ST.			\$	0
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
ERIE	PA	16501		\$	0
Full Name of Contributor		Date [MM/DD/YYYY]		\$	
				\$	0
House #	Street Address	Date [MM/DD/YYYY]		\$	
				\$	0
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
				\$	0
Full Name of Contributor		Date [MM/DD/YYYY]		\$	
				\$	0
House #	Street Address	Date [MM/DD/YYYY]		\$	
				\$	0
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
				\$	0
Full Name of Contributor		Date [MM/DD/YYYY]		\$	
				\$	0
House #	Street Address	Date [MM/DD/YYYY]		\$	
				\$	0
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
				\$	0
Full Name of Contributor		Date [MM/DD/YYYY]		\$	
				\$	6
House #	Street Address	Date [MM/DD/YYYY]		\$	
				\$	0
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
				\$	0
Full Name of Contributor		Date [MM/DD/YYYY]		\$	
				\$	0
House #	Street Address	Date [MM/DD/YYYY]		\$	
				\$	0
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
				\$	0

PART C

**Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number										815223499									
Full Name of Contributing Committee										Date [MM/DD/YYYY]		\$							
House #										Date [MM/DD/YYYY]		\$	0						
Street Address																			
City										Date [MM/DD/YYYY]		\$	0						
State																			
Zip Code													0						
Full Name of Contributing Committee										Date [MM/DD/YYYY]		\$	0						
House #										Date [MM/DD/YYYY]		\$	0						
Street Address																			
City										Date [MM/DD/YYYY]		\$	0						
State																			
Zip Code													0						
Full Name of Contributing Committee										Date [MM/DD/YYYY]		\$	0						
House #										Date [MM/DD/YYYY]		\$	0						
Street Address																			
City										Date [MM/DD/YYYY]		\$	0						
State																			
Zip Code													0						
Full Name of Contributing Committee										Date [MM/DD/YYYY]		\$	0						
House #										Date [MM/DD/YYYY]		\$	0						
Street Address																			
City										Date [MM/DD/YYYY]		\$	0						
State																			
Zip Code													0						
Full Name of Contributing Committee										Date [MM/DD/YYYY]		\$	0						
House #										Date [MM/DD/YYYY]		\$	0						
Street Address																			
City										Date [MM/DD/YYYY]		\$	0						
State																			
Zip Code													0						
Full Name of Contributing Committee										Date [MM/DD/YYYY]		\$	0						
House #										Date [MM/DD/YYYY]		\$	0						
Street Address																			
City										Date [MM/DD/YYYY]		\$	0						
State																			
Zip Code													0						

PART D  
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	815223499
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Full Name of Contributor		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	0
City	State	Zip Code	Date [MM/DD/YYYY]	\$	0
Employer Name		Occupation			0
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	0
City	State	Zip Code	Date [MM/DD/YYYY]	\$	0
Employer Name		Occupation			0
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	0
City	State	Zip Code	Date [MM/DD/YYYY]	\$	0
Employer Name		Occupation			0
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	0
City	State	Zip Code	Date [MM/DD/YYYY]	\$	0
Employer Name		Occupation			0
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	0
City	State	Zip Code	Date [MM/DD/YYYY]	\$	0
Employer Name		Occupation			0
Employer Mailing Address / Principal Place of Business					

PART E  
Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	815 223499
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Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD  
DETAILED SUMMARY PAGE

Filer Identification Number:	815223499
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$ 0
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SCHEDULE II  
PART F  
In-Kind Contributions Received  
VALUE OF \$50.01 TO \$250

Filer Identification Number:	815223499
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Full Name of Contributor				Date [MM/DD/YYYY]	\$	
						0
House #	Street Address			Date [MM/DD/YYYY]	\$	
						0
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
						8
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
						0
House #	Street Address			Date [MM/DD/YYYY]	\$	
						0
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
						0
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
						0
House #	Street Address			Date [MM/DD/YYYY]	\$	
						0
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
						0
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
						0
House #	Street Address			Date [MM/DD/YYYY]	\$	
						0
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
						0
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
						0
House #	Street Address			Date [MM/DD/YYYY]	\$	
						0
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
						0
Description of Contribution						

SCHEDULE II  
Part G  
In-Kind Contributions Received  
VALUE OVER \$250

Filer Identification Number:	815223499
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Full Name of Contributor				Date [MM/DD/YYYY]		\$	
							0
House #	Street Address			Date [MM/DD/YYYY]		\$	
							0
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
							0
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
							0
House #	Street Address			Date [MM/DD/YYYY]		\$	
							0
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
							0
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
							0
House #	Street Address			Date [MM/DD/YYYY]		\$	
							0
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
							0
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
							0
House #	Street Address			Date [MM/DD/YYYY]		\$	
							0
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
							0
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

## SCHEDULE III

## Statement of Expenditures

Filer Identification Number:		815223499			
To Whom Paid	ERIE RISE Academy Charter School			Date [MM/DD/YYYY]	\$
House #	2501	Street Address	Plum St.	06-23-2017	300.00
City	ERIE	State	Pa	Zip Code	16502
Description of Expenditure RETURNED THEIR CHECK					
To Whom Paid	Greater Community Action Center			Date [MM/DD/YYYY]	\$
House #	18	Street Address	W. 9th	09-12-2017	100.00
City	ERIE	State	Pa	Zip Code	16501
Description of Expenditure DINNER TICKETS					
To Whom Paid	CASS A. JOHNSON			Date [MM/DD/YYYY]	\$
House #	1248	Street Address	E. 36th St.	09/12/2017	200.00
City	ERIE	State	Pa	Zip Code	16504
Description of Expenditure REIMBURSEMENTS FOR PURCHASE OF 8 GAS CARDS.					
To Whom Paid	Audre Horton			Date [MM/DD/YYYY]	\$
House #	318	Street Address	REED	10/02/2017	125.00
City	ERIE	State	Pa	Zip Code	1650
Description of Expenditure REIMBURSEMENT FOR PAID CANVASSES					
To Whom Paid	Synergy Business Forms			Date [MM/DD/YYYY]	\$
House #	3802	Street Address	W. Lake Rd	10-20-2017	509.00
City	ERIE	State	Pa	Zip Code	16505
Description of Expenditure Forms / Fliers.					
To Whom Paid	American Legion			Date [MM/DD/YYYY]	\$
House #	260	Street Address	E 3rd	10-20-2017	100.00
City	ERIE	State	Pa	Zip Code	16507
Description of Expenditure Donations					
To Whom Paid	Audre Horton			Date [MM/DD/YYYY]	\$
House #	318	Street Address	REED	10-20-2017	55.00
City	ERIE	State	Pa	Zip Code	
Description of Expenditure REIMBURSEMENT FOR BEET TICKETS - Dinner BAIT					
To Whom Paid	Cass Johnson			Date [MM/DD/YYYY]	\$
House #	1248	Street Address	E 36	10-20-2017	200.00
City	ERIE	State	Pa	Zip Code	16504
Description of Expenditure REIMBURSEMENTS FOR GAS CARDS					

SCHEDULE III

Statement of Expenditures

Filer Identification Number: 815 223499									
To Whom Paid		Papa John's Pizza				Date [MM/DD/YYYY]		\$	
House #		1713				10-25-2017		111.14	
Street Address		E. 38th				Description of Expenditure			
City		ERIE		State		PA		Zip Code 16510	
To Whom Paid		Dollar General				Date [MM/DD/YYYY]		\$	
House #		3785				10-25-2017		28.99	
Street Address		Zimmerman Road				Description of Expenditure			
City		ERIE		State		PA		Zip Code 16510	
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #						Description of Expenditure			
Street Address									
City				State				Zip Code	
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #						Description of Expenditure			
Street Address									
City				State				Zip Code	
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #						Description of Expenditure			
Street Address									
City				State				Zip Code	
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #						Description of Expenditure			
Street Address									
City				State				Zip Code	
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #						Description of Expenditure			
Street Address									
City				State				Zip Code	
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #						Description of Expenditure			
Street Address									
City				State				Zip Code	

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number: 815223499									
Name of Creditor									
Outstanding Balance of Debt									
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	0			
City	State		Zip Code						
Description of Debt									
Name of Creditor									
Outstanding Balance of Debt									
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	0			
City	State		Zip Code						
Description of Debt									
Name of Creditor									
Outstanding Balance of Debt									
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	0			
City	State		Zip Code						
Description of Debt									
Name of Creditor									
Outstanding Balance of Debt									
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	0			
City	State		Zip Code						
Description of Debt									
Name of Creditor									
Outstanding Balance of Debt									
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	0			
City	State		Zip Code						
Description of Debt									
Name of Creditor									
Outstanding Balance of Debt									
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	0			
City	State		Zip Code						
Description of Debt									